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## BIB DATA SHEET

CONFIRMATION NO. 9014

<b>SERIAL NUMBER</b> 10/500,391	<b>FILING or 371(c) DATE</b> 09/09/2004 <b>RULE</b> <i>mt</i>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 642P002-US
<b>APPLICANTS</b> Sanford Reich, Providence, RI; James E. Sluetz, N. Attleboro, MA; <i>mt</i>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/00095 01/02/2003 <i>mt</i> which claims benefit of 60/345,089 01/04/2002				
<b>** FOREIGN APPLICATIONS *****</b> <i>mt</i>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MELANIE J HAND/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWINGS</b> 4 <i>mt</i>	<b>TOTAL CLAIMS</b> 16 <i>mt</i>
<b>INDEPENDENT CLAIMS</b> 3 <i>mt</i>				
<b>ADDRESS</b> NIELDS & LEMACK 176 EAST MAIN STREET, SUITE 7 WESTBORO, MA 01581 UNITED STATES				
<b>TITLE</b> Diagnostic algorithms for a csf physiologic controller				
<b>FILING FEE RECEIVED</b> 115	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	